



## OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

**RALPH T. HUDGENS**  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER  
COMPTROLLER GENERAL

### Safety Fire Division Educational Facility Fire Incident Report

Seventh Floor, West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334  
(404) 657-0831 or fax (770) 344-4899  
[www.oci.ga.gov](http://www.oci.ga.gov)

In accordance with the Rules and Regulations of the Insurance and Safety Fire Commissioner's Office Rule 120-3-6-.03, any owner, manager or operator of an educational building covered under the Georgia Fire Safety Act shall report every fire to the Safety Fire Division within twenty four hours of the incident whether or not the fire was accidental or incendiary. This form will enable you to provide the necessary details of the incident.

**Report suspected incendiary fires immediately**

Name of Facility: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: Georgia Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of the Fire: \_\_\_\_\_ Time of the Fire: \_\_\_\_\_

Facility Sprinkler Status: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Partial: \_\_\_\_\_

Extent of Damage to Area of Origin: \_\_\_\_\_

Known or Probable Cause of Fire: \_\_\_\_\_

Name of Fire Department that responded: \_\_\_\_\_

DATE AND LOCATION OF THE LAST FIRE SAFETY AND PREVENTION EDUCATION INSTRUCTION CONDUCTED BY EITHER A LOCAL FIRE OFFICIAL OR INSTITUTIONAL FIRE SAFETY OFFICER; OR IF A SCHOOL, THE DATE OF YOUR LAST FIRE DRILL

TRAINING: \_\_\_\_\_ DRILL: \_\_\_\_\_ DATE: \_\_\_\_\_

#### Injuries /Fatalities

Gender	Age	Extent of injury
1.		
2.		
3.		
4.		

Forward this report to the State Fire Marshal's Office by fax to 770-344-4899 or email to [wbutler@sfm.ga.gov](mailto:wbutler@sfm.ga.gov)

**If additional space is required, please use the back of this form**

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date